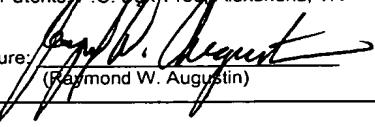


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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to:
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.

Dated: July 30, 2008

Signature: 
(Raymond W. Augustin)

Docket No.: TRAUMA 3.0-449
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


AUG 04 2008
In re Patent Application of:

Zander et al.

Application No.: 10/735,975

: Group Art Unit: 3733

Filed: December 15, 2003

: Examiner: A. Ramana

For: OSTEOSYNTHETIC AID

:

:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Official Action mailed April 30, 2008, Applicants submit the following amendments and remarks.



AMENDMENT TRANSMITTAL LETTER

Docket No.
TRAUMA 3.0-449

Application No.
10/735,975-Conf. #4263

Filing Date
December 15, 2003

Examiner
A. Ramana

Art Unit
3733

Applicant(s): Nils Zander, Axel Bernhard Cremer, and Michael Seemann

Invention: OSTEOSYNTHETIC AID

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 24 =	0	x 50.00	0.00
Independent Claims	7	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable)					<input type="checkbox"/>
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 12-1095
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Raymond W. Augustin

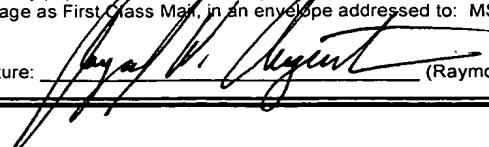
Dated: July 30, 2008

Attorney/Agent Reg. No.: 28,588

LERNER, DAVID, LITTBENBERG, KRUMHOLZ & MENTLIK, LLP
600 South Avenue West
Westfield, New Jersey 07090
(908) 518-6318

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Dated: July 30, 2008

Signature: 

(Raymond W. Augustin)



AMENDMENT TRANSMITTAL LETTER

Docket No.
TRAUMA 3.0-449

Application No. 10/735,975-Conf. #4263	Filing Date December 15, 2003	Examiner A. Ramana	Art Unit 3733
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Applicant(s): Nils Zander, Axel Bernhard Cremer, and Michael Seemann

Invention: OSTEOSYNTHETIC AID

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CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 24 =	0	x 50.00	0.00
Independent Claims	7	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

Large Entity

Small Entity

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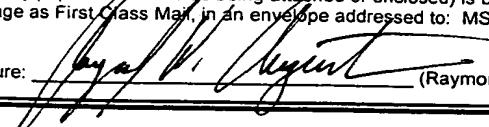

Raymond W. Augustin
Attorney/Agent Reg. No.: 28,588

Dated: July 30, 2008

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